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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	365	State Index <u>1422</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>93</u>	
Town of <u>Parker</u>	Local Registrar's No. _____		
or City of _____	(No. _____)	St; _____	Ward) _____
FULL NAME OF CHILD <u>Ellen Edige Laguna</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>7</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>Sept 20 1915</u>	(Month)	(Day) (Yr.)
FATHER		MOTHER	
Full Name <u>D. M. Laguna</u>		Full Maiden Name <u>Carm. E. Bates</u>	
Residence <u>Parker Ariz.</u>		Residence <u>Parker Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>38</u> (Years)
Birthplace <u>Bedford Virginia</u>		Birthplace <u>Denton Texas</u>	
Occupation <u>Merchant</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>7</u>	Number of children, of this mother, now living <u>6</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Sept 20 1915</u> , at <u>7:30</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Anna Israel Nettie</u>	
Given or christian name added from a supplemental report _____ 191_____		(Attending physician, midwife, householder. *)	
Address <u>Pol. Power Agency</u>		<u>Abbie E. Collins</u>	
LOCAL REGISTRAR.		LOCAL REGISTRAR.	
561-920-322 COUNTY REGISTRAR.		True Copy <u>E. C. Wells</u> COUNTY REGISTRAR.	